



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

NUR

FOR DIVISION USE ONLY

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

(907) 269-8161

Email: BoardofNursing@Alaska.Gov

ProfessionalLicense.Alaska.Gov/BoardofNursing

Authorization to Prescribe and Dispense Legend Drugs and Controlled Substances

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.440, the board will, in its discretion, authorize an Advanced Practice Registered Nurse to prescribe and dispense Schedule 2 –5 controlled substances in accordance with the applicable state and federal laws, in accordance with 12 AAC 44.445 and .447.

Submit copies of the certificates of attendance for 15 contact hours of advanced education obtained during the past two years. If the course was not specifically a pharmacology course include an outline of the course which identifies the section relevant to pharmacology. Practitioners who are recent graduates may use a copy of their transcript, which shows a pharmacology course in the last two years.

If you hold an active DEA registration valid to use in any state or practice location you are required to submit proof of 2 contact hours in pain management and opioid use and addiction, completed within the two years preceding the date of the application, in accordance with 12 AAC 44.445.

PART I Payment of Fees

Fees:	<input type="checkbox"/> Prescriptive Authority Fee – Legend Drugs	\$100.00
	<input type="checkbox"/> Prescriptive Authority Fee – Controlled Substances	\$100.00

PART II Applicant Information

Applicant Name:			
AK RN License Number:	<input type="checkbox"/> Application In Process		
AK APRN License Number:	<input type="checkbox"/> Application In Process		
Mailing Address:			
Contact Phone:		Birth Date:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email	
		<input type="checkbox"/> Send my Correspondence by US Mail	
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

Do you have a DEA Registration?

- ☐ 1. **NO**, I do not have an active DEA registration valid to use in any state or practice location. I understand if I obtain a DEA registration, I must register no later than 30 days of obtaining a DEA registration as required by the board. I will refer to all applicable authorizing statutes, regulations cited above, and comply with mandatory use.
- ☐ 2. **YES**, I have an active DEA registration valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days as required by the board and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 40.967.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

If YES to above, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(u)?

Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.

- ☐ a) **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ b) **NO**, I do not plan to directly dispense and acknowledge that if at any time after my permit or license is issued and I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(u), I must submit a data request through PMP ClearingHouse or report directly to AWAREx for any controlled substance issued. If you are not directly dispensing, you must report to PMP ClearingHouse or directly to AWAREx. Please visit pdmp.alaska.gov.

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
---------------------------------	--	--------------------	--	-------------------------	--



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Nursing

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

(907) 269-8161

Email: BoardofNursing@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofNursing

Notary Signature Page

Applicant Name:

PART IV

Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that if information is provided in the Criminal History Report from the State of Alaska or FBI that I did not report, my license may be subject to disciplinary action.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp

**Applicant's
Printed Name:**

**Applicant's
Signature:**

**Notary Public for
State of:**

**Notary's
Signature:**

**Subscribed and
Sworn to Before
me on this Day:**

**My Commission
Expires:**



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.